

Assumption of Tax Liability/Request for Tax Clearance Certificate Supplemental Information

CALIFORNIA FORM

3555

CORPORATION NAME		CALIFORNIA CORPORATION NUMBER
Date business commenced in California:	Date business ceased or will cease in California:	Latest income period for which a California return has been filed:

The Franchise Tax Board will issue a Tax Clearance Certificate when all taxes have been paid or secured. If a final return has not been filed, one should be filed within 2 months and 15 days after the close of the month in which the dissolution or withdrawal takes place. All returns remain subject to audit until expiration of the normal statutes of limitation.

Please indicate the status of ANY IRS activity:

Has the IRS redetermined the corporation's income tax liability for any prior year(s) which has not previously been reported to California? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please furnish a copy of the Revenue Agent's Report.</i>	Is the IRS currently examining the corporation or has the corporation been notified of a pending examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the years involved:</i> Current Examination: _____ Pending Examination: _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

COMPLETE PAGES 2 AND 3 OF THIS FORM FOR AN INDIVIDUAL OR TRUST ASSUMPTION OF TAX LIABILITY. COMPLETE PAGE 4 FOR A CORPORATION OR LIMITED LIABILITY COMPANY ASSUMPTION OF TAX LIABILITY.

If the Tax Clearance Certificate is to be issued on a taxes paid basis, please check this box. ☐

Supplemental Information. Please furnish the following information if the business conducted in California will be continued by another corporation after the dissolution or withdrawal of the original corporation.

NAME OF TRANSFEREE	CALIFORNIA CORPORATION NUMBER OF TRANSFEREE
DATE ASSETS TRANSFERRED TO TRANSFEREE	Section of the Internal Revenue Code applicable to the Transfer of Taxpayer's Business or assets: _____

If the Tax Clearance Certificate is to be mailed to someone other than the corporation listed above, please complete the following: *(A copy of the Tax Clearance Certificate will be sent to the Secretary of State.)*

NAME	
ADDRESS	
	PHONE NUMBER ()

When dissolving a CALIFORNIA DOMESTIC STOCK CORPORATION mail completed form to:

**ATTN: LEGAL REVIEW
SECRETARY OF STATE
1500 ELEVENTH ST 3RD FLOOR
SACRAMENTO CA 95814-5701**

*For information concerning dissolution of tax-exempt organizations, call Franchise Tax Board, Exempt Organizations Section, (916) 845-4171.

For more information concerning this form, telephone the Franchise Tax Board (916) 845-4124.

When dissolving a CALIFORNIA DOMESTIC NONPROFIT CORPORATION (excluding Exempts*), surrendering a FOREIGN CORPORATION or merging a CORPORATION mail completed form to:

**ATTN: TAX CLEARANCE UNIT
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468**

INDIVIDUAL ASSUMPTION OF TAX LIABILITY

CORPORATION NAME	CALIFORNIA CORPORATION NUMBER
------------------	-------------------------------

I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, such tax returns and data that may be required and to pay in full all accrued or accruing liabilities for tax, penalty and/or interest and fees due from the above corporation.

My net worth (assets minus liabilities) is not less than: \$ _____ .

(A detailed financial statement, PAGE 3, is required.)

NAME OF INDIVIDUAL ASSUMER: (Must be resident of California)	SOCIAL SECURITY NO.
--------------------------------------------------------------	---------------------

ADDRESS	
	PHONE NUMBER ()

DATE	SIGNATURE
------	-----------

TRUST ASSUMPTION OF TAX LIABILITY

CORPORATION NAME	CALIFORNIA CORPORATION NUMBER
------------------	-------------------------------

This trust unconditionally agrees to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, such returns and data that may be required and to pay in full all accrued or accruing liabilities for tax, penalty and/or interest and fees due from the above corporation.

(A detailed financial statement, PAGE 3, is required.)

NAME OF CALIFORNIA TRUST	TRUST FEDERAL IDENTIFICATION NUMBER
--------------------------	-------------------------------------

ADDRESS	
	PHONE NUMBER ()

DATE	TRUSTEE'S SIGNATURE
------	---------------------

FOR PRIVACY ACT NOTICE, SEE FORM FTB 1331

FOR ASSISTANCE IN COMPLETING THIS PAGE, PHONE (916) 845-4124

FINANCIAL STATEMENT FOR INDIVIDUAL OR TRUST ASSUMER

STATEMENT OF ASSETS AND LIABILITIES

ITEM	PRESENT VALUE (A)	LIABILITIES BALANCE DUE (B)	EQUITY IN ASSET
CASH			
BANK ACCOUNTS			
STOCKS AND BONDS			
CASH OR LOAN VALUE OF INSURANCE			
HOUSEHOLD FURNITURE			
REAL PROPERTY			
VEHICLES			
OTHER ASSETS (Describe)			
FEDERAL TAXES OUTSTANDING			
LOANS			
OTHER (Include judgements)			
NET ASSETS (Total column A less total column B)			\$

GENERAL INFORMATION (Please attach additional schedule[s] if necessary.)

Net Annual Income	Source (Name of Business or Employer)
-------------------	---------------------------------------

Banks and Savings and Loan Accounts (Names and Addresses)

Description and license number of each vehicle

Stocks and Bonds (Name of company, number of shares, etc.)

Real Property (Brief descriptions and locations)

I certify that the above data is correct to the best of my knowledge.

Assumer's or Trustee's Name _____

Assumer's or Trustee's Address _____ Phone Number () _____

Signature _____ Date _____

CORPORATION OR LIMITED LIABILITY COMPANY ASSUMPTION OF TAX LIABILITY

The Assumption of Tax Liability

of (1) _____)
_____)
A corporation) _____
Corporation No. _____
by (2) _____)
_____)
A corporation or LLC) _____
Corporation No. or LLC File No. _____

incorporated, organized, or qualified to do business within the State of California, unconditionally agrees to file with the Franchise Tax Board all returns and data that is required and unconditionally agrees to pay in full all tax liabilities, penalties, interest and fees of (1) _____

_____ ;

(2) _____
Exact Corporation or LLC Name

Signature and Title of Officer

State of _____

County of _____

On _____ before me, the undersigned, a Notary Public in
and for said State, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____

Name _____
(typed or printed)

FOR INFORMATION CONCERNING COMPLETION OF THIS PAGE, PHONE (916) 845-4124